

Practical guide for the development of patient education programs in chronic low back pain: Methodological considerations and results

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Keywords: Low back pain; Therapeutic patient education; Guideline

Objective.— To establish specific recommendations for management or information on the needs of teams delivering Therapeutic patient education (TPE) for chronic low back pain [1].

Method.— In order to collect the expectations and needs of teams, we conducted a qualitative study using focus group on the basis of semi-structured interviews. From a verbatim analyzed by three experts of the working group, themes and ideas groups were organized and used as a structure for the development of the guide.

Results.— Three hospital teams (Lariboisière, Salpêtrière and Montpellier) were enrolled in this work. Four major themes emerged from this work: provide a better understanding on what is TE for low back pain patient, awareness of the possible organizations of programs, know how to evaluate a program and better describe the role and responsibilities of stakeholders. In each theme a theoretical framework incorporating lumbar disease is developed and accompanied by teaching and technical sheets. Links between professionals and educational structures are suggested.

Conclusion.— We confirm the interest of teams for TE in the management of CLBP patients and provide a guide for teams based on their identified needs.

Reference

[1] Dupeyron A, et al. Ann Phys Rehabil Med 2011;54:319–35.

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Educational therapy of adolescent idiopathic scoliosis treated by brace

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Keywords: Therapeutic patient education; Scoliosis; Adolescent; Brace

Introduction.— Idiopathic scoliosis treated by brace assent with The Therapeutic Patient Education (TPE) according to the Regional Care Agency in 2013.

Objectives.— To improve compliance, understanding about scoliosis and its progress and preserve quality of life.

Methods.— Adolescents between 12 and 15 years old with a tolerance for younger children who are still in adolescent problematic; evolutionary scoliosis diagnosis and orthopedic treatment indication.

Educational diagnosis during the week of brace adaptation; PET program is shape by 5 workshops on 1 day time: expression group between adolescents, around the brace, experience about daily life with the brace, physical activity with brace, expression group between parents.

Discussion.— The TPE objectives engage the adolescent, his parents, his physiotherapist and his physician on the conservative treatment of scoliosis and allow each of them to acquire adaptability capacities and self-care capacities. Evaluation questionnaires completed by the adolescent and his parents are in analysis.

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SOFMER task force for patient therapeutic education promotion

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Keywords: Patient therapeutic education; SOFMER

Objective.— Description of SOFMER patient therapeutic education (PTE) task force.

Method.— Creating a steering committee PTE SOFMER and workgroup by major sectors of care with three main objectives: state of the art, development of clinical practice guidelines for the implementation of TPE, scientific validation approaches.

Results.— Several working groups were set up on various topics: stroke, spinal cord injury, bladder disorders, cardiovascular diseases, low back pain, osteoarthritis, amputation, multiple sclerosis. Literature reviews have been published as well as practice guidelines. Physicians' trainings were also implemented.

Conclusion.— The implementation of a structured strategy under the auspices of the SOFMER permitted the development of PTE in the field of PMR.

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Therapeutic education program for intermittent catheterization

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Keywords: Self-intermittent catheterization; Educational therapy

Clean Intermittent Self-Catheterization (CISC) is the gold standard for managing chronic urinary retention, which allows the patients to improve their quality of life and to reduce the complications of upper urinary tract infections. The self-catheterization apprenticeship requires a structured educational approach, specifically targeted to comprehension, performance, follow-up and adaptation of self-catheterization. The education is essential; CISC is a delegated act, which must be learned and thus taught. This act requires diverse prerequisites: motor, sensory and visual possibilities, coordination, motor schema programming, movement performance and cleanliness. However, because of the technique is invasive and abnormal, the patient's understanding of the technique's advantages is just as necessary to obtain a perfect compliance for the treatment.

This requires structures and staff specifically trained in this type of education (doctor, nurse, occupational therapist, psychologist...). A level of knowledge necessary for this "course" is indispensable: vesico-sphincterian physiology, anatomy of the perineum, and various self-catheterization methods. The analysis of the feasibility, the immediate acceptance and the medium- and long-term compliance necessitates a structured educational approach aimed at the patient's comprehension, performance and appropriate follow-up of the self-care that is self-catheterization.

Further reading

Guide d'éducation thérapeutique à l'autosondage (<http://etp-as.jimdo.com/>) coordinated by G. Amarenco.

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Therapeutic education for pressure ulcer care management in paraplegics: The ETP SOFMER guide

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